SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Guardianship/Conservatorship
Establishment Program Application Instructions

This application is to request financial assistance from the department to pay legal costs up to $500 associated with establishing a guardianship and /or conservatorship of a person 18 years and older with a documented developmental disability and who is a resident of South Dakota. Funding for this program is based on a first come first serve basis and the availability of the funding each fiscal year.

THE DEPARTMENT WILL NOT ACCEPT ANY APPLICATION SUBMITTED MORE THAN THREE MONTHS PRIOR TO THE INDIVIDUAL'S 18TH BIRTHDAY.

1. Answer all questions that apply.
2. Attach all required documentation.

ATTACH

A copy of the most current psychological or psycho-educational evaluation.

A copy of the most current Individual Service Plan (ISP) or Individual Educational Plan (IEP).

3. Send completed application to:

DHS Guardianship Program
Hillsview Plaza, E. Hwy 34
c/o 500 E. Capitol
Pierre, SD 57501-5070

4. If you need assistance with the application, call the DHS Guardianship Program at:

1(800) 265-9684

YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF YOU DO NOT SEND THE REQUIRED INFORMATION

SOUTH DAKOTA DHS ESTABLISHMENT PROGRAM APPLICATION

TELL US ABOUT THE PERSON THAT NEEDS PROTECTION		
First Name:	Last Name:	
Date of Birth:	Age:	Female ❒ Male ❒
Does this person live at home? Yes ❒ No ❒		
If no, where does this person live?		
Describe the nature and degree of the person's developmental disability and age of onset:		
In what areas does this person need help in making decisions?		
Is there an urgent need for this appointment? If so, why and what are the critical dates?		

TELL US ABOUT THE PERSON(S) WANTING TO BE APPOINTED GUARDIAN OR CONSERVATOR	
First Name:	Last Name:
Address:	
Phone Number:	Relationship to person needing protection:

TELL US ABOUT THE AGENCY PROVIDING CARE OR SCHOOL THE PERSON ATTENDS
Agency or School's Name:
Address:
Name of contact person (service coordinator, case manager, teacher, etc.):
Phone number of contact person:

TELL US ABOUT THE ATTORNEY YOU INTEND TO USE (IF KNOWN)
Attorney's Name:
Address:
Phone number:

I certify that the above information is true and correct to the best of my knowledge.	
Signature of person completing this application:	Relationship to person needing protection:
Print Name:	Phone Number: